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CONFIRMATION NO. 5887

SERIAL NUMBER 10/532,042	FILING or 371(c) DATE 02/06/2006 RULE	CLASS 436	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. SYNE-S2400.2		
APPLICANTS Inger Mattsby-Baltzer, Goteborg, SWEDEN; Nahid Kondori, Molndal, SWEDEN; ** CONTINUING DATA ***** This application is a 371 of PCT/SE03/01639 10/21/2003 ** FOREIGN APPLICATIONS ***** SWEDEN 0203099-7 10/21/2002 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/LAKIA J TONGUE/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY SWEDEN	SHEETS DRAWINGS 12	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 9
ADDRESS LYNN E BARBER P O BOX 16528 FORT WORTH, TX 76162 UNITED STATES						
TITLE Diagnosis of candidiasis and candidemia or invasive candida infection						
FILING FEE RECEIVED 1315	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			